

PLAINTIFF Randolph S. Tangle	COURT CASE NUMBER CA 05-114 E
DEFENDANT Sharon Winkler	TYPE OF PROCESS 42 USC § 1983

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Sharon Winkler Clerk of Courts Office
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) ERIE County Courthouse, 140 West Sixth Street, Erie PA 16501

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Sharon Winkler Clerk of Courts Office ERIE County Courthouse 140 West Sixth Street ERIE PA 16501	Number of process to be served with this Form 285 3
	Number of parties to be served in this case 5
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

① Unknown location of her employment
Last Known Job At Clerk of Courts Office

② Attorney for Sharon Winkler
ERIE County Solicitor Office

**John A. Onorato
140 West Sixth Street
ERIE PA 16501**

Signature of Attorney other Originator requesting service on behalf of: Randolph S. Tangle	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER NONE	DATE 4-8-05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 	District of Origin No. 	District to Serve No. 	Signature of Authorized USMS Deputy or Clerk [Signature]	Date 4-8-05
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 7/12/05	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy [Signature]	

Service Fee for	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges for	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: **MAILED 7-12-05**

PLAINTIFF <u>Randolph S. Tangle</u>		COURT CASE NUMBER <u>CH 05-114 2</u>	
DEFENDANT <u>Sharon Winkler</u>		TYPE OF PROCESS <u>42 USC § 1983</u>	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Sharon Winkler Clerk of Courts Office</u>			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>Erie County Courthouse, 140 West Sixth Street, Erie Pa 16501</u>			
SERVE AT		SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<u>Sharon Winkler</u> <u>Clerk of Courts Office</u> <u>Erie County Courthouse</u> <u>140 West Sixth Street</u> <u>Erie PA 16501</u>		Number of process to be served with this Form 285 <u>3</u>	
		Number of parties to be served in this case <u>5</u>	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>1. Unknown location of her employment</u> <u>Last Known Job At Clerk of Courts Office</u> <u>2. Attorney for Sharon Winkler</u> <u>Erie County Solicitor Office</u> <u>John A. Onorato</u> <u>140 West Sixth Street</u> <u>Erie PA 16501</u>			
Signature of Attorney other Originator requesting service on behalf of: <u>Randolph S. Tangle</u>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>NONE</u> DATE <u>4-8-05</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE			
acknowledge receipt for the total number of process indicated. <small>Sign only for USM 285 if more than one USM 285 is submitted</small>	Total Process	District of Origin No. _____	District to Serve No. _____
Signature of Authorized USMS Deputy or Clerk		Date <u>4-8-05</u>	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described to the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)		Date <u>7/12/05</u>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <u>[Signature]</u>			
Service Fee <u>for</u>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <u>for</u>
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	

MARKS: MAILED 7-12-05

WAIVER OF SERVICE OF SUMMONS

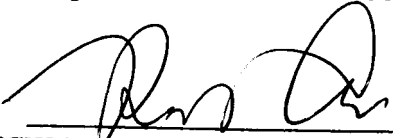
TO: United States Marshal's Service

I acknowledge receipt of your request that I waive service of a summons in the action of _____ vs. _____ which is case number CA05-114E in the United States District Court for the Western District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after 7-12-05 (date, request was sent), or within 90 days after that date if the request was sent outside the United States.



SIGNATURE

Printed/typed name: ROBERT CATANGA

Title if any: Dept Head

Counsel For: _____

5-114E
SHARON WINKLER

WAIVER OF SERVICE OF SUMMONS

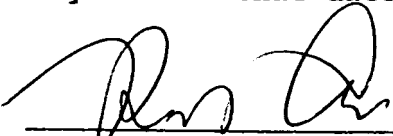
TO: United States Marshal's Service

I acknowledge receipt of your request that I waive service of a summons in the action of _____ vs. _____ which is case number 05-114 E in the United States District Court for the Western District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

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SIGNATURE

Printed/typed name: ROBERT CATALANO

Title if any: Dept Head

Counsel For: _____

5-114E
SHARON WINKLER